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Bib Data Sheet

CONFIRMATION NO. 6575

<b>SERIAL NUMBER</b> 10/666,042	<b>FILING DATE</b> 09/22/2003  <b>RULE</b>	<b>CLASS</b> 070	<b>GROUP ART UNIT</b> 3676	<b>ATTORNEY DOCKET NO.</b> AMI-2611					
<b>APPLICANTS</b>  Hui-Hua Hsieh, Chung Ho City, TAIWAN;									
<b>** CONTINUING DATA *****</b> <i>None</i>									
<b>** FOREIGN APPLICATIONS *****</b> <i>None</i>									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** <b>** 12/12/2003</b>									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">           Foreign Priority claimed  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no            35 USC 119 (a-d) conditions met  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance         </td> <td style="width: 10%; text-align: center; vertical-align: bottom;"> <b>STATE OR COUNTRY</b>          TAIWAN       </td> <td style="width: 10%; text-align: center; vertical-align: bottom;"> <b>SHEETS DRAWING</b>          4       </td> <td style="width: 10%; text-align: center; vertical-align: bottom;"> <b>TOTAL CLAIMS</b>          4       </td> <td style="width: 10%; text-align: center; vertical-align: bottom;"> <b>INDEPENDENT CLAIMS</b>          1       </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> TAIWAN	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 4	<b>INDEPENDENT CLAIMS</b> 1
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<b>ADDRESS</b>  <div style="text-align: center;">AIR MAIL</div> Hui-Hua HSIEH P.O. Box 90 Tainan City , 704 TAIWAN									
<b>TITLE</b> Padlock									
<b>FILING FEE RECEIVED</b> 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:								
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